

CITY OF LOWELL
Fiscal Year **2011**

BLIND
APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

(General Laws Chapter 59, Section 60)

**Must be filed with board of Assessors on or before December 15 or 3 months after actual
(not preliminary) tax bills are mailed for fiscal year if later.**

ASSESSORS USE ONLY
37
Date Received
Application No.
Parcel ID

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of Applicant _____ Social Security No. _____
(optional)

Legal Residence (Domicile) on July 1, 2010 _____

Mailing Address (If different) _____ No. of Dwelling Units _____

Did you own the property on July 1, 2010 Yes ☐ No ☐
If yes, were you Sole Owner ☐ Co-Owner with Spouse Only ☐ Co-Owners with Others ☐

Was the property subject to a trust as of July 1, 2010? Yes ☐ No ☐
(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? Yes ☐ No ☐
If yes, name of city or town _____ Amount exempted \$ _____

B. EXEMPTION STATUS:

Were you legally blind as of July 1, 2010? Yes ☐ No ☐
Are you registered with the Mass. Commission for the Blind? Yes ☐ No ☐
If yes, give Certificate Number _____ Date registered _____
(Attach copy of certificate)
If no, attach a letter from your doctor indicating status as of July first.

C. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Your Signature Date

If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.

DISPOSITION OF APPLICATION (ASSESSORS USE ONLY)

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
	Date Voted/Deemed Denied _____	BOARD OF ASSESSORS
	Certificate No. _____	_____
	Date Cert./Notice Sent _____	_____
		Date _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE